

Attorney or Party Name, Address, Telephone & FAX Nos., State Bar No. & Email Address Nexus Bankruptcy Benjamin Heston 3090 Bristol Street #400 Costa Mesa, CA 92626 Phone: (949) 312-1377 Email: ben@nexusbk.com Bar Number: 297798 Attorney for Debtor <input type="checkbox"/> Debtor(s) appearing without an attorney <input checked="" type="checkbox"/> Attorney for Debtor(s)	FOR COURT USE ONLY
UNITED STATES BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA - RIVERSIDE DIVISION	
In re: Lara Fakhoury	CASE NO.: 6:25-bk-15107-SY CHAPTER: 13
Debtor(s).	DECLARATION BY DEBTOR(S) AS TO WHETHER INCOME WAS RECEIVED FROM AN EMPLOYER WITHIN 60 DAYS OF THE PETITION DATE [11 U.S.C. § 521(a)(1)(B)(iv)]
	[No hearing required]

Debtor(s) provides the following declaration(s) as to whether income was received from an employer within 60 days of the Debtor(s) filing this bankruptcy case (Petition Date), as required by 11 U.S.C. § 521(a)(1)(B)(iv):

Declaration of Debtor 1

1. ☒ I am Debtor 1 in this case, and I declare under penalty of perjury that the following information is true and correct:

During the 60-day period before the Petition Date (*Check only ONE box below*):

☒ **I was paid by an employer.** Attached are copies of all statements of earnings, pay stubs, or other proof of employment income I received from my employer during this 60 day period. (*If the Debtor's social security number or bank account is on a pay stub or other proof of income, the Debtor must cross out (redact) the number(s) before filing this declaration.*)

☐ **I was not paid by an employer** because I was either self-employed only, or not employed.

Date: 08/08/2025 Lara Fakhoury
Printed name of Debtor 1


Signature of Debtor 1

This form is mandatory. It has been approved for use by the United States Bankruptcy Court for the Central District of California.

Declaration of Debtor 2 (Joint Debtor) (if applicable)

2. ☐ I am Debtor 2 in this case, and I declare under penalty of perjury that the following information is true and correct:

During the 60-day period before the Petition Date (Check only ONE box below):

☐ **I was paid by an employer.** Attached are copies of all statements of earnings, pay stubs, or other proof of employment income I received from my employer during this 60 day period. *(If the Debtor's social security number or bank account is on a pay stub or other proof of income, the Debtor must cross out (redact) the number(s) before filing this declaration.)*

☐ **I was not paid by an employer** because I was either self-employed only, or not employed.

Date: _____
Printed name of Debtor 2
Signature of Debtor 2

This form is mandatory. It has been approved for use by the United States Bankruptcy Court for the Central District of California.

	<p align="center">IHSS Earnings Statement</p> <p align="center">* DUPLICATE *</p>	<p align="center">Direct Deposit</p> <p align="center">99000004</p>
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Recipient	NUHA F			ID	0431078
Payee/Provider	Lara Fakhoury			ID	002227634
Service Period:	07/01/2025 to 07/15/2025			Deductions	Current
Timesheet #	4224384750			Federal	\$ 0.00
Process Date:	07/23/2025			State	\$ 0.00
Pay Rate:	\$18.60			FICA	\$ 134.35
Hours Submitted	H 107	M 00		Medicare	\$ 31.42
Hours Not Paid	H 00	M 00		SDI/DIEC	\$ 26.00
Total Hours Paid	H 107	M 00			
Travel Hours	H	M			
Overtime Hours	H 19	M 00			
Sick Leave Hours	H	M			
	Current	YTD			
Regular*	\$ 1,990.20	\$ 27,781.46			
Adjustment	\$ 0.00	\$ 0.00			
Travel	\$ 0.00	\$ 0.00			
Overtime	\$ 176.70	\$ 2,613.73			
Sick Leave	\$ 0.00	\$ 0.00			
Total Gross	\$ 2,166.90	\$ 30,395.19			
Net Pay	\$ 1,975.13	\$ 27,705.22	Total Deductions	\$ 191.77	\$ 2,689.97
*Includes Overtime Hours at regular rate. Please contact your local County Office for Payment Questions.					

	<p align="center">IHSS Earnings Statement</p> <p align="center">* DUPLICATE *</p>	<p align="center">Direct Deposit</p> <p align="center">99179507</p>
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Recipient	NUHA F			ID	0431078
Payee/Provider	Lara Fakhoury			ID	002227634
Service Period:	06/16/2025 to 06/30/2025			Deductions	Current
Timesheet #	4222991271			Federal	\$ 0.00
Process Date:	07/10/2025			State	\$ 0.00
Pay Rate:	\$18.60			FICA	\$ 133.19
Hours Submitted	H 106	M 00		Medicare	\$ 31.15
Hours Not Paid	H 00	M 00		SDI/DIEC	\$ 25.78
Total Hours Paid	H 106	M 00			
Travel Hours	H	M			
Overtime Hours	H 19	M 00			
Sick Leave Hours	H	M			
	Current	YTD			
Regular*	\$ 1,971.60	\$ 25,791.26			
Adjustment	\$ 0.00	\$ 0.00			
Travel	\$ 0.00	\$ 0.00			
Overtime	\$ 176.70	\$ 2,437.03			
Sick Leave	\$ 0.00	\$ 0.00			
Total Gross	\$ 2,148.30	\$ 28,228.29			
Net Pay	\$ 1,958.18	\$ 25,730.09	Total Deductions	\$ 190.12	\$ 2,498.20
*Includes Overtime Hours at regular rate. Please contact your local County Office for Payment Questions.					

	<p align="center">IHSS Earnings Statement</p> <p align="center">* DUPLICATE *</p>	<p align="center">Direct Deposit</p> <p align="center">99107263</p>
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Recipient	NUHA F			ID	0431078
Payee/Provider	Lara Fakhoury			ID	002227634
Service Period:	06/01/2025 to 06/15/2025			Deductions	Current
Timesheet #	4221421405			Federal	\$ 0.00
Process Date:	06/24/2025			State	\$ 0.00
Pay Rate:	\$18.60			FICA	\$ 135.65
Hours Submitted	H 107	M 45		Medicare	\$ 31.72
Hours Not Paid	H 00	M 00		SDI/DIEC	\$ 26.25
Total Hours Paid	H 107	M 45			
Travel Hours	H	M			
Overtime Hours	H 19	M 45			
Sick Leave Hours	H	M			
	Current	YTD			
Regular*	\$ 2,004.16	\$ 23,819.66			
Adjustment	\$ 0.00	\$ 0.00			
Travel	\$ 0.00	\$ 0.00			
Overtime	\$ 183.68	\$ 2,260.33			
Sick Leave	\$ 0.00	\$ 0.00			
Total Gross	\$ 2,187.84	\$ 26,079.99			
Net Pay	\$ 1,994.22	\$ 23,771.91	Total Deductions	\$ 193.62	\$ 2,308.08
*Includes Overtime Hours at regular rate. Please contact your local County Office for Payment Questions.					